

J. ERIC DIETZ, EXECUTIVE DIRECTOR

Indiana Government Center South 302 West Washington Street Indianapolis, IN 46204 317-232-3980

FIRST RESPONDER APPLICATION FOR RECIPROCITY

| Applica | ant's Name | | | | | | |
|-----------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------|-------------------------|---------------|--|
| | | (Last | <i>t</i>) | (First) | (M | iddle) | |
| Mailin | g Address | | | | | | |
| | | (Stree | et) | (City) | (State) | (Zip) | |
| Telephone # (Day) | | | *I.D.# | | Birth Date | | |
| * Pleas | se provide eithe | r your Driver' | s License Numl | oer or State Identific | ation Number. | | |
| | | | num, the U.S. Dep ciprocity in Indiar | artment of Transportationa: | on's First Responder T | raining | |
| 1. A1 | re you at least 18 | years of age? | Yes | No | | | |
| 2. In | what State are yo | ou currently certif | fied? | | | | |
| | ile serving in the Indiana First Res | | | ou successfully complet | te a course of training | equivalent to | |
| Tra | nsportation's Firs | e attach a copy of any and all evidence that you have completed an approved U.S. Department of portation's First Responder Training Course for First Responders. Also include copies of your State or nal Registry Certification. | | | | | |
| Have you | ı ever been charge | ed or convicted o | f a crime other tha | an minor traffic violation | ns? Yes | No | |
| | | | | of Indiana I will be requestion | | omplete the | |
| Applicant's Signature | | | | | Date | | |
| Please ret | turn this form to: | 302 West V | | iana Department of Hon n E239, Indianapolis, IN | | | |